



Consent form for participation in Nitbusters Day

I agree that my child, whose name appears below, can participate in Nitbusters Day to be held at school.

- I have read the attached letter regarding the aims of the program and the procedures involved.
- I understand that my child's participation in this project is voluntary and he/she can choose to withdraw from the program at any time.
- I understand that I can withdraw my consent for my child to participate in the project at any time.
- I understand that the information relating to the participation of my child is strictly confidential. I agree that the results of the project may be published, provided that my child cannot be identified.

Student's name _____ Student's Class _____

Parent's/carer's name _____ Date _____

Signature of parent/carer _____